

FATTER THAN EVER

Despite alarms over childhood obesity, California's kids are packing on the pounds

[Carl T. Hall, Chronicle Science Writer](#)

Thursday, August 25, 2005

The message doesn't seem to be clicking with California schoolkids.

Despite all the studies and media coverage of the so-called obesity epidemic, youngsters are as fat as ever and getting fatter, according to a report issued Wednesday by the California Center for Public Health Advocacy, a nonprofit group in Davis. And that, says the group, is setting up a big public health crisis if something isn't done.

Fitness-test scores in the public schools showed that about 28 of every 100 schoolchildren in California were overweight in 2004, up 6 percent from 2001, when a similar study was done.

"Quite frankly, we were shocked," said Harold Goldstein, the group's executive director. "Given all the attention childhood obesity has gotten, we did not expect to see this kind of increase."

The state's childhood weight profile seems to be bulging in all directions, researchers said, pointing to worsening trend lines for girls and boys of all ages and all racial and ethnic backgrounds. Although childhood obesity rates looked markedly worse in Los Angeles than in the Bay Area, no region of the state has been spared.

"It's increasing everywhere, across the board," Goldstein said. "This epidemic is not going to go away on its own. It's a personal and medical disaster, and not enough is being done."

The results were broken down by state Assembly district in hopes that policymakers would take heed and push harder for healthier snacks, bottled

water and real fruit juice in schools. Bills are pending in the Legislature that would extend partial bans on junk food and soda already in place.

The new numbers are "pretty sobering," said state Sen. Deborah Ortiz, D-Sacramento, chair of the Senate Health Committee and an advocate of vending machine restrictions and more consumer nutrition information in restaurants.

"When you think of the projections for our health care costs, it's pretty frightening."

The San Francisco Unified School District was one of the first in the country to move against junk food on school grounds and claims one of the strictest policies in the nation promoting healthy foods and beverages.

Parents who backed the policy call it an important first step, suggesting that health messages taught in the classrooms are undermined when kids step into hallways lined with vending machines full of sugary drinks and pastries.

Still, even the staunchest advocates of healthy food choices in the schools concede that removing junk food from school campuses is not enough to make a big dent in the problem.

As if to underscore that point, the new study shows the percentage of overweight children jumped 9.6 percent in Assembly District 12, which includes the western half of San Francisco, and a whopping 14.3 percent in District 13, which covers downtown and most of the waterfront.

"People have bad habits everywhere," said Dana Woldow, parent of two children in the San Francisco schools who leads a district nutrition committee. "This problem took 20 or 30 years to develop, and it's probably going to take 20 or 30 years to fix."

Whatever the root cause, researchers said, the latest numbers document a growing threat to public health, noting that 75 percent of children who are

overweight are expected to be overweight as adults. That translates into more cases of diabetes, asthma and other chronic diseases.

Gov. Arnold Schwarzenegger has scheduled a summit on Sept. 15 in Sacramento at which experts plan to address the issue of childhood health and nutrition. He also supports a pair of school-nutrition bills, SB12 and SB965, sponsored by state Sen. Martha Escutia, D-Whittier (Los Angeles County).

Despite the latest findings, experts said, California remains a pacesetter in the national battle against childhood obesity. Gail Woodward-Lopez, associate director of the UC Berkeley Center for Weight and Health, said the report underscores the difficulty of changing a culture in some ways geared to passive entertainment and empty calories.

"Although we've started to raise awareness and concern, we need to move into more concrete efforts to reverse those trends," she said.

But there isn't universal agreement on just what needs to be done. Despite the bipartisan support for the Escutia measures, some advocates maintain it's wrong to focus too much attention on junk food and soda in school vending machines.

Dan Mindus, senior analyst with a Washington, D.C., group called the Center for Consumer Freedom, argued that the real problem isn't about food choices, but how little exercise kids get.

"Restricting vending machine options takes our eye off the ball," he said, arguing that kids' caloric intake hasn't increased so much as activity levels have declined.

"What we need to do is get kids exercising in gym class, running around with their friends after school and having more time at recess. "

His group, which receives some of its financial support from food and beverage companies, maintains that high school students in particular should be mature enough to decide on their own what to eat and drink.

That argument has been used in the past to derail tough rules on school vending machines. The latest studies don't guarantee such arguments will be overcome this year, Ortiz said.

The latest findings were based on results of the California Physical Fitness Test, which state educators give to all public-school students in the fifth, seventh and ninth grades. Results for about 1.4 million students at 7,624 schools were included in the analysis.

The fitness test includes a measure of body composition based on a common measure of weight relative to height called the body mass index, or BMI. All students whose weight pushed them above a "healthy fitness zone" were classified as overweight.

Results across the state show considerable regional variation, but most of those differences were attributed to demographics.

The latest study showed Pacific Islanders had the highest percentage of children overweight, at 35.9 percent, followed by Latinos at 35.4 percent, American Indians/Alaskan Natives at 31.7 percent and African Americans at 28.7 percent. Only 17.9 percent of Asians and 20.6 percent of white children were in the overweight category.

Even in regions of the state with relatively few childhood weight problems, however, policymakers said more needs to be done to keep kids healthy.

In the Marin-Sonoma counties district of state Assemblyman Joe Nation, for instance, only 20.5 percent of all schoolchildren were overweight last year, one of the lowest percentages in the state. Still, that was up from 17.5 percent just three years earlier.

"I think the Legislature and the governor, in particular, are beginning to pay much more attention to this," Nation, a Democrat, said Wednesday. "We need to

ensure there are healthy alternatives in terms of what people can eat and drink in schools today."

How to calculate your child's body mass index (BMI)

1 Determine your child's weight in pounds and height in inches.

Example:

70 pounds

54 inches tall

2 Divide your child's weight by height.

Example:

$$70 \div 54 = 1.296$$

3 Divide the result by the child's height again.

Example:

$$1.296 \div 54 = 0.024$$

4 Multiply by 703. This is the child's Body Mass Index.

Example:

$$0.024 \times 703 = 16.88$$

The following Web sites can help you determine your BMI:

www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm and

CHART (1):

Childhood obesity in California

Percentage of children who were overweight in grades 5, 7 and 9 in California:

	2001	2004
All children	26.5	28.1
By gender		
Boys	31.8	33.9
Girls	21.0	22.0
By grade		
Fifth	28.2	29.3
Seventh	27.0	29.1
Ninth	23.6	25.4
By race/ethnicity		
African American	28.6	28.7
American Indian/Alaskan Native	25.1	31.7
Asian	17.5	17.9
Pacific Islander	31.1	35.9
Filipino	24.1	24.7
Latino	33.7	35.4
White	20.2	20.6
Other	22.3	24.4

CHART (2):

Healthy fitness zone (HFZ) standards for body composition

Number on left is lower limit of HFZ; number on right is upper limit of HFZ.

Age	Girls	Boys
10	16.6-23.5	15.3-21.0
11	16.9-24.0	15.8-21.0
12	16.9-24.5	16.0-22.0
13	17.5-24.5	16.6-23.0
14	17.5-25.0	17.5-24.5
15	17.5-25.0	18.1-25.0
16	17.5-25.0	18.5-26.5

Sources: California Center for Public Health Advocacy; Centers for Disease Control and Prevention